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PTO/SB/50 (4/98)

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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Box Reissue Commissioner For Patents Washington, DC 20231</b>	<b>Attorney Docket No.</b>	18602-06587
	<b>First Named Inventor</b>	Guy G. Riddle
	<b>Original Patent Number</b>	5,999,977
	<b>Original Patent Issue Date (Month/Day/Year)</b>	December 7, 1999
	<b>Express Mail Label No.</b>	EL599907741US

### APPLICATION FOR REISSUE OF: (check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input type="checkbox"/> *Fee Transmittal Form ((PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
4. <input checked="" type="checkbox"/> Reissue Oath/Declaration (unsigned) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12)
5. Original U.S. Patent <input type="checkbox"/> Original U.S. Patent for Surrender <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	11. <input checked="" type="checkbox"/> Preliminary Amendment and Statement of status/ support for all changes to the claims. See 37 CFR 1.173(c).
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input type="checkbox"/> Other: _____ _____ _____
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney	

\*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO  
PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT  
IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A  
PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

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<b>Signature</b>		<b>Date</b>	December 7, 2001

10/020,515 EXHIBIT A